

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-020219**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2748

**FILED MAY 29 1963**

VS 300 Rev. 4/59	DATE AMENDED	1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
1	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF ARNOLD V. ARNOLD	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>16 years</u>		
2 <u>3828</u>		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3		d. STREET ADDRESS <u>5523 Oak</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
4 <u>1</u>		3. NAME OF DECEASED (Type or print) <u>Luella J. Meyer</u>		4. DATE OF DEATH Month <u>May</u> Day <u>10</u> Year <u>1963</u>		
5 <u>2</u>		5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-19-84</u>	9. AGE (last birthday) <u>77</u>
6		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaker</u>		11. BIRTHPLACE (City and state or country) <u>Sedalia, Mo.</u>
7 <u>0</u>		13a. FATHER'S NAME <u>COOK DUNCAN</u>		13b. MOTHER'S MAIDEN NAME <u>MARIA WOODS</u>		14. NAME OF HUSBAND OR WIFE <u>FRANK B. MEYER</u>
8 <u>2</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT Address <u>5523 OAK</u> <u>MISS MARY HELEN MEYER - R.C. MO.</u>
9 <u>331X</u>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>		
10		Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Cerebral Arteriosclerosis</u>		<u>Sympt.</u>
11				DUE TO (c) <u>Generalized Arteriosclerosis</u>		<u>Sympt.</u>
12 <u>66-0</u>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic Heart Disease</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
13		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
	20c. TIME OF INJURY Hour <u>[REDACTED]</u> a.m. <u>[REDACTED]</u> p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
	20f. CITY, TOWN, OR LOCATION <u>Sedalia</u>		COUNTY <u>MO.</u> STATE <u>MO.</u>			
	21. I attended the deceased from <u>June 1955</u> to <u>May 10, 63</u> and last saw him alive on <u>5-10-63</u> . Death occurred at <u>St. City, Mo.</u> <u>6:20 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Arnold V. Arnold M.D.</u>		22b. ADDRESS <u>4220 Wornell R.C. Mo.</u>	
	22c. DATE SIGNED <u>5-10-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>5-10-63</u>	
	23c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>		23d. LOCATION (City, town; or county) <u>Sedalia</u>		(State) <u>MO.</u>	
	24. FUNERAL DIRECTOR <u>D.W. Heckert</u>		25. DATE RECD. BY LOCAL REG. <u>5-11-63</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John R. Farmer, Jr.*

Licensed Embalmer No.

*5173*

P. O. Address

*Jedalia, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.